

School Based Mental Health Services:

Annual State Superintendent's Conference
on Special Education and Pupil Services
Leadership Issues

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Agenda

- How BIG is the problem?
- Why and How to Promote Mental Health in Schools?
- Three National Resources to Help
- Recent Initiatives in Wisconsin
- Barriers, Challenges & Opportunities
- Resources to get started

HOW BIG IS THE PROBLEM?

Percentage of students whose mental health was not good on one or more of the past 30 days

Wisconsin High School 2013 Survey

 Not Good = 55.6%



WI DPI (2014_B)

Up to 1 of 5 children

...experience a mental **disorder** in a given year

(Perou *et al.*, 2013)

In Wisconsin, that means as many as

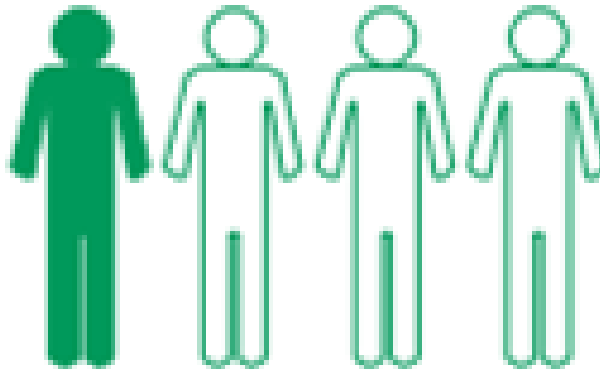
174,000


school-age children last year

WI DPI (2014_A)

Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months

Wisconsin High School 2013 Survey



 Sad/Hopeless = 24.6%

WI DPI (2014_B)

In Wisconsin

Extrapolates to over

65,000

public high school students reporting they had
symptoms typically associated with
depression

WI DPI (2014_A)

1 of 10 Adolescents are Emotionally Impaired

Knopf et al. (2008)

- In Wisconsin, 26,000 high schoolers would be considered emotionally impaired
- The most common disorders among adolescents include
 - depression
 - anxiety disorders
 - attention-deficit/ hyperactivity disorder
 - substance use disorder

WI DPI (2014_A)

Knopf et al. (2008)

60-90% of children with mental health disorders **do not receive treatment**

In Wisconsin that means between

104,000 – 157,000

School-age children with
a diagnosable mental health disorder
do not receive treatment yearly

Of the 10 – 40% who DO get treatment

About $\frac{3}{4}$ of children &
youth receiving mental
health services get these
services in schools only

Burns et al. (1995)

Disproportionate Access

Children of color, children living in poverty, and sexual minority adolescents have disproportionately poor access to mental health care.

**WHY & HOW TO PROMOTE
MENTAL HEALTH IN SCHOOLS?**

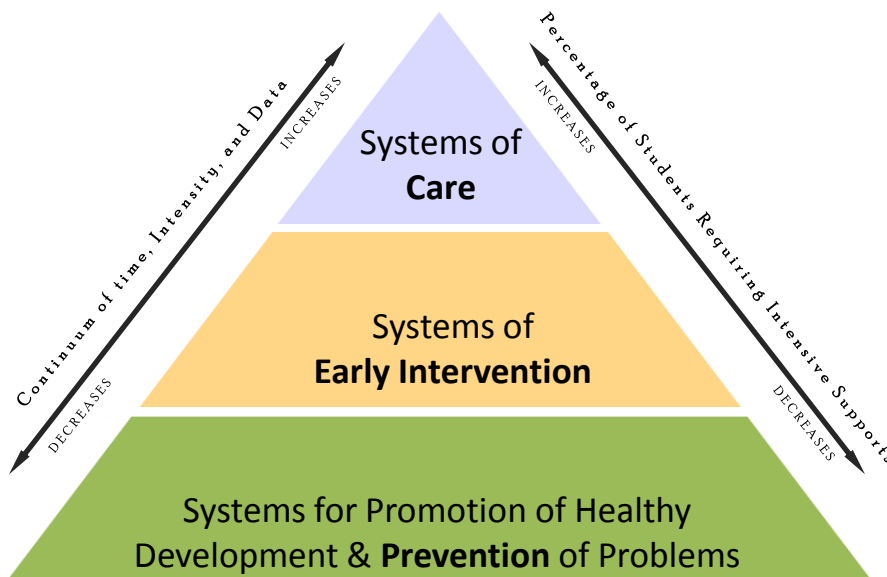
Improved student mental health promotes better learning

- Addressing student's mental health is associated with positive school outcomes
 - Increased academic achievement
 - Decreased problem behaviors
 - Improved school & classroom climate
- School mental health promotion helps create a better learning environment
- School mental health programs & services improve teaching conditions

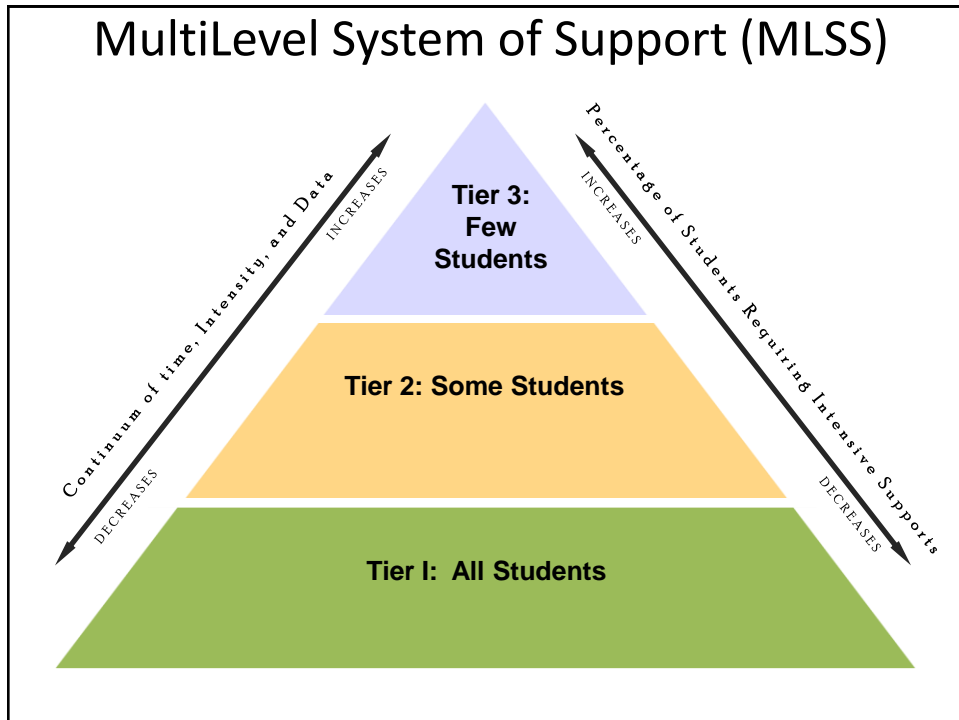
Hurwitz & Weston. July 2010. *Using Coordinated School Health to Promote Mental Health for All Students*

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Public Health Service Model



MultiLevel System of Support (MLSS)



Using the PBIS Framework to Support Students' Mental Health

Tier 3

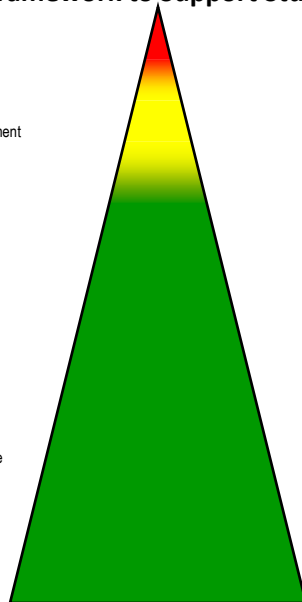
- Individualized services
- Case management
- Monitoring (e.g., Check & Connect)
- Coordination with community-based treatment
- Parent & caregiver training & support

Tier 2

- Adult mentors
- Small groups for SEL & CBT
- Community referrals
- Parent & caregiver education
- Monitoring (e.g., Check In – Check Out)
- Sensory opportunities to manage anxiety

Tier 1

- Instruction on SEL, mental health & suicide
- Predictable routines
- Choices
- Physical activity breaks
- “Calm zones”
- Adults model emotional regulation



Tier 3

- Comprehensive FBA & BIP
- 504 plans & IEPs
- Wrap-around programs
- Staff avoid “trauma triggers”
- Lethal means restriction

Tier 2

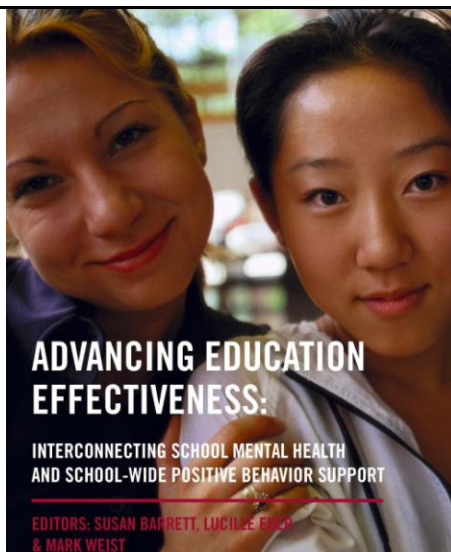
- Brief FBA & BIP
- Building Consultation Team
- Classroom supports
- Screening/SBIRT
- Pupil services accessible & approachable
- Staff awareness of higher-risk groups

Tier 1

- School policies promote safe climate
- Proactive behavior management
- Discipline system minimizes exclusion
- Comprehensive School Counseling Model
- School builds environmental assets
- Professional development
- Classroom consultation

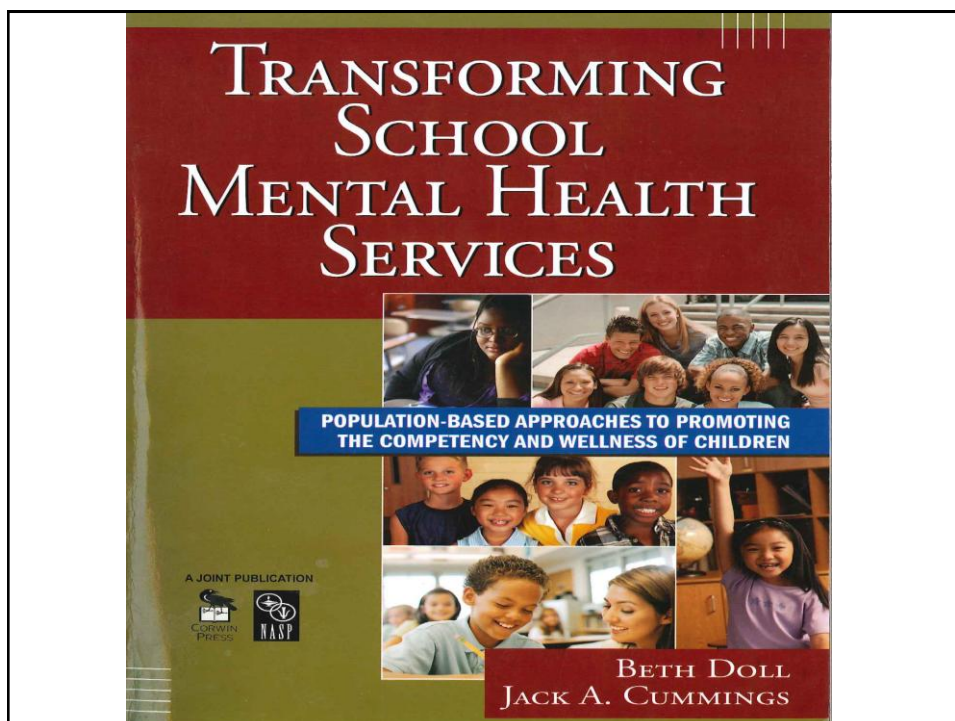
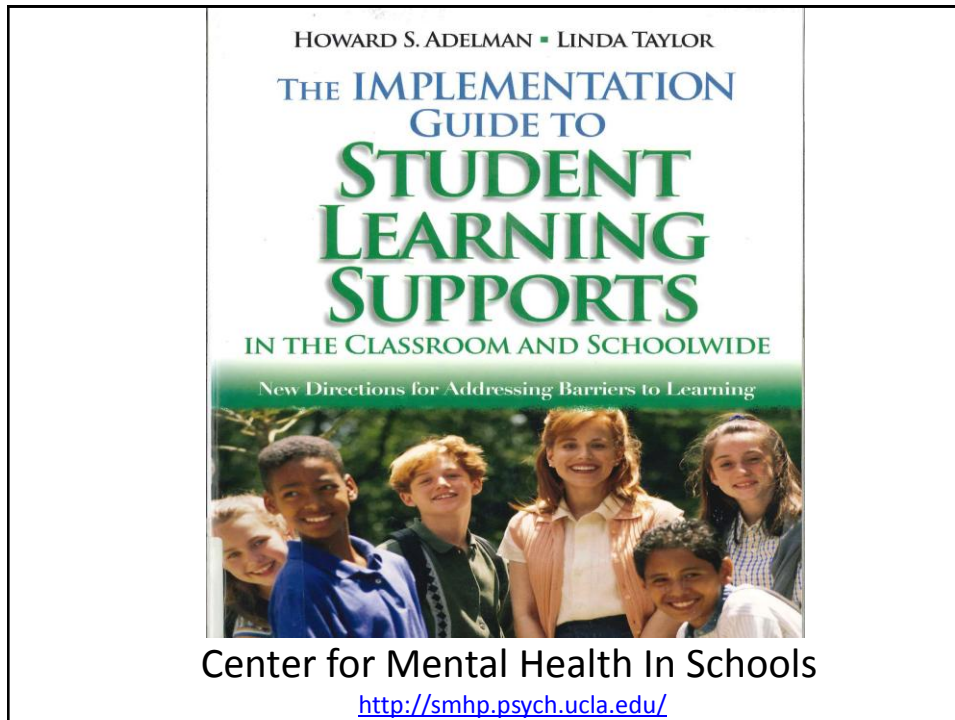
Two resource centers

NATIONAL RESOURCES FOR HELP



Center for School Mental Health

<http://csmh.umaryland.edu/>



RECENT INITIATIVES IN WISCONSIN

video on LaCrosse County

http://www.youtube.com/watch?v=-QmhekE7__k

EXAMPLE FROM LA CROSSE

Satellite Clinics Co-Located in Schools

- Mental (behavioral) health or substance abuse treatment
- Medicaid-enrolled provider, Licensed by WDSPS
- Working in a Medicaid-enrolled & DHS Chapter 35-certified mental health outpatient clinic
- DHS approved satellite clinic co-located in a school through MOU with local school district

Clinic Branch Offices in Schools

- DHS policy establishes specific guidance for outpatient clinics to follow in the establishment & operation of branch offices in schools
- Not to supplant the counseling provided by pupil services professionals

http://www.dhs.wisconsin.gov/rl_DSL/Publications/pdfmemos/13-020.pdf

Recent legislation

- **Office of Children's Mental Health**
Focus is on ensuring program policies & services are best meeting the needs of children throughout the state
<http://www.dhs.wisconsin.gov/aboutdhs/initiatives/budget/initiatives/mh/childrens-office.htm>
- **Comprehensive Community Services (CCS)** Expands intensive, targeted community-based care for adults & children with severe mental illness
<http://www.dhs.wisconsin.gov/ccs/index.htm>

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Recent Legislation, cont.

- **Comprehensive Community Services (CCS)**

Expands intensive, targeted community-based care for adults & children with severe mental illness

<http://www.dhs.wisconsin.gov/ccs/index.htm>

Recent legislation, cont.

Coordinated Services Team (CST) Expands CST program statewide & funds CST coordinators on a regional basis to integrate & coordinate community-based care for juveniles in multiple systems of care

http://www.dhs.wisconsin.gov/mh_bcmh/CST/index.htm <http://www.wicollaborative.org/>

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Recent legislation, cont.

- **In-Home Counseling for Children**

Provides funding for in-home counseling services under the Medicaid program

<http://www.dhs.wisconsin.gov/children/clts/>

Safe Schools Healthy Students Grant

- Awarded by The Substance Abuse and Mental Health Services Administration (SAMHSA)
- Grant period is from 9/30/13-9/29/17
- Requires a collaboration between Department of Public Instruction (DPI), Department of Health Services (DHS) and the Department of Justice (DOJ)
- The project is coordinated by DPI and DHS
- The first time this grant was issued to State Education Agencies who then work with three Local Education Agencies.

Safe Schools Healthy Students

- The three LEAs for this project are **Racine** Unified School District, School District of **Beloit** and **Menominee Indian** School District.
- The state and the local communities must each convene a management team to guide a Needs Assessment/Environmental Scan process and to assist in developing a comprehensive plan.

Applications by DPI for Competitive Grants (SAMHSA, DOE, DOJ, others)

- AWARE \$10 million, 5 years; mental and behavioral health
- School Climate Transformation \$3 million, five years; PBIS and mental health
- Emergency Management \$0.6 million, 1.5 years; Foci: quality emergency plans, MOUs, NIMS. Non-competitive.
- School Violence and Bullying Prevention Study, \$1.5 million, 3 years. PBIS and bullying prevention.

PREPaRE School Crisis Prevention and Intervention Training Curriculum

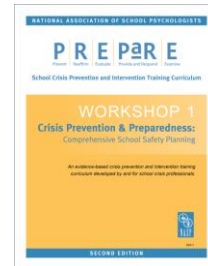
P R E P a R E	Conceptual Framework
	P Prevent and prepare for psychological trauma
	R Reaffirm physical health and perceptions of security and safety
	E Evaluate psychological trauma risk
	P Provide interventions and R Respond to psychological needs
E	Examine the effectiveness of crisis prevention and intervention

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Workshops 1 and 2

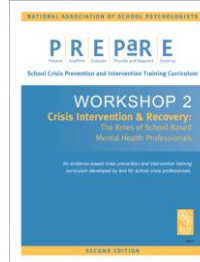
Workshop 1: Crisis Prevention and Preparedness - Comprehensive School Safety Planning

- 6.5 contact hours



Workshop 2: Crisis Intervention and Recovery - The roles of the school-based mental health professionals

- 13 contact hours



<http://www.nasponline.org/prepare/index.aspx>

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Prevent and Prepare for Psychological Trauma

1. School Safety and Crisis Prevention
 - a. Physical Safety
 - b. Psychological Safety
2. Crisis Preparedness
 - a. Comprehensive Safety Teams
 - b. Crisis Teams and Plans
 - c. Special Considerations



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Reaffirm Physical Health and Perceptions of Security and Safety

- Reaffirm objective physical health and safety
- Reaffirm perceptions of safety and security



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Evaluate Psychological Trauma

- Rationale for Assessing Psychological Trauma
 - Unique Consequences of Crisis Intervention
- Assessment Variables
 - Risk Factors
 - Warning Signs
- Conducting Psychological Triage
 - Primary
 - Secondary
 - Tertiary



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Provide Interventions and Respond to Student Psychological Needs

1. Reestablish Social Support Systems
2. Psychoeducation:
 - a. Empower Survivors, Caregivers, and Teachers
3. Psychological Interventions
 - a. Classroom-Based Crisis Intervention
 - b. Individual Crisis Intervention
 - c. Psychotherapeutic Treatments

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Examine the effectiveness of crisis prevention and intervention

- Three examination strategies:
 - Needs assessment
 - Process Analysis
 - Outcome Evaluation



For More Information about PREPaRE in Wisconsin contact Wisconsin Safe and Healthy Schools Center:
www.wishschools.org

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Adverse Childhood Experiences Creating Trauma-Sensitive Schools to Improve Learning

- Some children have been traumatized by directly or vicariously experiencing violence, homelessness, loss (or fear of loss) of loved ones, or other kinds of devastating experiences.
- Trauma can interfere with learning, regulating emotions, and normal development or can lead to positive outcomes

FBA tool and Trauma Sensitive Resources

- This tool will be available on the special education webpage:
<http://sped.dpi.wi.gov/>
- For Trauma Sensitive schools resources and support in your school:
http://sspw.dpi.wi.gov/sspw_mhtrauma

Multi-Level System of Support

Creating Trauma-Sensitive Schools to Improve Learning

Some school districts are using and building on a Multi-Tiered System of Support model to successfully support students with a wide range of behavioral and emotional issues, emphasizing children's strengths and address the educational needs of students who have been affected by trauma.

SBIRT Training

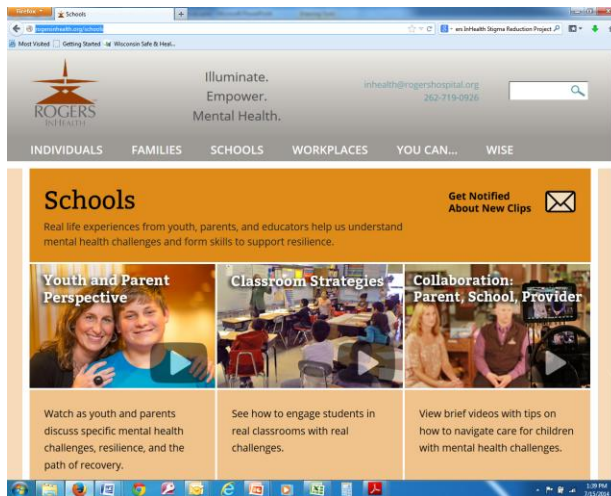
- Screening, Brief Intervention, Referral to Treatment
- DPI Sponsored a training for 52 Wisconsin high schools (Safe & Supportive Schools)
- DPI sponsored a Training of Trainers to expand the number of SBIRT trainers in Wisconsin

For More Information about SBIRT in Wisconsin contact Wisconsin Safe and Healthy Schools Center:

www.wishschools.org

Support for Stigma Reduction

<http://rogersinhealth.org/schools>



Grenesha finds recovery



BARRIERS & CHALLENGES & OPPORTUNITIES

Challenges for Schools

- Strategies to support social and emotional learning in schools, which can help all students including those with mental health issues, are available, but not widely used nor supported by the state.
- There are insufficient pupil services personnel to meet student counseling needs. Improvement could be accomplished through reassignment of some duties, but that would be at the expense of other duties that may be valuable and sometimes required contributions to learning.
- Special education programs are designed to meet the learning needs of students with disabilities, but not always their mental health needs per se.

Challenges for Schools, cont.

- Students with more severe and often untreated mental health disorders are coming to school, at younger ages, sometimes with severe behavioral consequences.
- Medication and treatment regimens are sometimes complex, interrupting the school educational day for administration of medications or outside counseling appointments.
- Lack of professional preparation for school pupil services providers and other school personnel on current mental health issues, e.g. trauma informed care in the school setting, limits their efficacy to serve students with severe emotional disturbance.

School-Employed Mental Health Providers

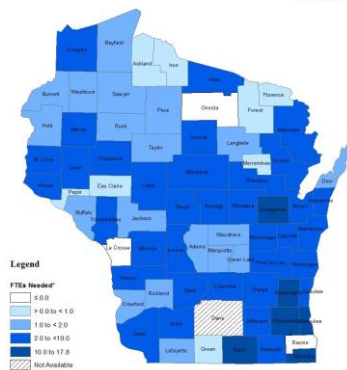
Pupil Services	Wisconsin Pupil Services Ratios 2012 [data from Department of Public Instruction]	National Organization Recommendations
School Counselors	466:1	250:1
School Psychologists	956:1	500-700:1
School Social Workers	1,050:1	250:1
School Nurses	1,596:1	750:1*

*750 to 1 for students in the general population, 225 to 1 in the student populations requiring daily professional school nursing services or interventions, 125 to 1 in student populations with complex health care needs, and 1 to 1 may be necessary for individual students who require daily and continuous professional nursing services (National Association of School Nurses, 2010)

Shortages of Mental Health Providers

Psychiatrists

Number of Psychiatrist FTEs Needed to Reduce
Significant Shortages for the Resident Population
November, 2012



* Data deficiencies and limitations in some tables.

Wisconsin Department of Health Services
Division of Public Health
Wisconsin Primary Care Office
<http://www.dhs.wisconsin.gov/health/primarycare/index.htm>



Challenges for Community Providers

- Payment through private insurance, Medicaid, self-pay. How to pay for those unable to pay?
- Medicaid & Insurance restrict billable services. How to pay for “Collaboration and Consultation?”
- Some clinics are finding it difficult to make it financially successful through traditional pay options. Grant funds may be needed.

RESOURCES TO GET STARTED

Effective school safety efforts:

- Begin with proactive principal leadership.
- Integrate a continuum of mental health supports within a multitiered system of supports.
- Engage families and community providers as meaningful partners.
- Allow school leaders to deploy human and financial resources in a manner that best meets the needs of their school and community.
- Provide a team-based framework to facilitate effective coordination of services and interventions.
- Balance the needs for physical and psychological safety.
- Employ the necessary and appropriately trained school-employed mental health and safety personnel.
- Provide relevant and ongoing professional development for all staff.
- Remain grounded in the mission and purpose of schools: teaching and learning.

Cowan et al. (2013)



10 Critical Factors To Advancing School Mental Health:

What Early Adopters Say

In recognition of the critical role that schools play in addressing the social and emotional needs of students, there is a growing movement to build the capacity of education agencies to advance school mental health efforts in their states and districts. Rather than schools being a "de facto" mental health system, states and districts are increasingly interested in ensuring that schools are equipped with the necessary infrastructure, policies, and supports that allow them to adequately address the complex needs of their students. School mental health is complicated business; it crosses over multiple public systems and disciplines, involves complex partnerships and redistribution of resources, and covers a broad spectrum of services including prevention, promotion, early intervention, and treatment. It therefore looks different in every state, district and school building.

In 2006-07, NASBHC's School Mental Health-Capacity Building Partnership (SMH-CBP)¹ set out to gain a deeper understanding of how school mental health activities are operationalized at the state and local levels. The SMH-CBP held site visits in four states -- Maryland, Missouri, Ohio, and Oregon -- that were considered to be "early adopters" based on their innovation and achievement in school mental health policy and practice. In each state, the SMH-CBP conducted four stakeholder discussion groups with representatives from the fields of mental health, education, health, family and youth advocacy, and social service. Participants in the discussion groups shared their successes and challenges in advancing agendas related to mental health in schools as well as strategies used to implement school mental health policies, programs, and services. Separate discussion groups were held with youth and summarized in the document *What Students Have to Say about Mental Health*.

Using findings from these site visits, *Ten Critical Factors to Advancing School Mental Health: What Early Adopters Say* summarizes key themes and strategies that emerged across the four states. While strategies may be implemented differently across states and districts, and the roles and functions of stakeholders may vary, these ten factors and their accompanying strategies can guide the work of education agencies and their partners in advancing school mental health in their states and districts.

<http://uwphi.pophealth.wisc.edu/programs/health-policy/ebhnp/events/20130502/ten-critical-factors-for-school-mental-health.pdf>

Opportunities

Schools can provide an effective system for prevention and early identification since they serve nearly all children.

Opportunities

Social and emotional learning in schools can help promote student mental health, help students learn warning signs, and reduce stigma. Models such as Positive Behavioral Intervention and Supports are gaining wide acceptance in schools and can be enhanced with greater emphasis on social and emotional learning and addressing internalizing mental health conditions.

Opportunities

- School-based mental health services models, where community-based clinicians provide services in the school setting, hold promise for enhancing access for children.

DPI RESOURCES

Trainings from DPI

- One day Suicide Prevention workshop for teams
- One day Mental Health Toolkit workshop for teams
- One day combined Mental Health/ Suicide Prevention workshop for teams
- PREPaRE Workshop 1 (1-day) Crisis Prevention and Preparedness - Comprehensive School Safety Planning
- PREPaRE Workshop 2 (2-day) Crisis Intervention and Recovery - The roles of the school-based mental health professionals

DPI Mental Health Toolkit

- Available at
http://sppw.dpi.wi.gov/sppw_mhtoolkit
 - DPI Curriculum
 - Evidence-based practices, programs & tools
 - National & state organizations
 - Information on mental health & illness
 - Community resources
 - Local planning tools & resources

DPI Suicide Prevention Resources

- Available at http://sspw.dpi.wi.gov/sspw_suicideprev
 - Data about youth suicide
 - State laws
 - Annual notice of youth suicide prevention resources
 - Gatekeeper training webcast
 - Student programs
 - Youth suicide prevention/intervention/postvention strategies
 - Screening resources
 - Recommendations for school or community memorials
 - Resources from other organizations

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References

- Burns, B. J., Costello, E. J., Angold, A., Tweed, D., Stangl, D., Farmer, E., & Erkanli, A. (1995). Children's mental health service use across service sectors. *Health Affairs*, 14, 147–159.
<http://content.healthaffairs.org/content/14/3/147.full.pdf>
- Cowan, K. C., Vaillancourt, K., Rossen, E., & Pollitt, K. (2013). *A framework for safe and successful schools [Brief]*. Bethesda, MD: National Association of School Psychologists.
<http://www.nasponline.org/resources/framework-safe-and-successful-schools.aspx>
- Doll, B. & Cummings, J.A. (Eds.)(2008). *Transforming School Mental Health Services: Population-Based Approaches to Promoting the Competency and Wellness of Children*. Thousand Oaks CA: Corwin Press & Arlington VA: National Association of School Psychologists.
- Hurwitz, L. & Weston, K. (2010). *Using Coordinated School Health to Promote Mental Health for All Students*. National Assembly on School-Based Health Care. <http://www.nasbhc.org/atf/cf/%7BCD9949F2-2761-42FB-BC7A-CEE165C701D9%7D/WHITE%20PAPER%20CSH%20AND%20MH%20FINAL.PDF>
- Knopf, D. et al. (2008). *The Mental Health of Adolescents: A National Profile, 2008*. San Francisco, CA: National Adolescent Health Information Center.
- Perou, R., et al. (2013) *Mental Health Surveillance Among Children – United States , 2005-2011. Supplement to the Morbidity and Mortality Weekly Report*, 62 (02), 1-35, Center for Disease Control
<http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm>
- Wisconsin Department of Health Services, *Wisconsin Interactive Statistics on Health (WISH)*, database, <http://www.dhs.wisconsin.gov/wish/>
- Wisconsin Department of Public Instruction (2014_A) *Wisconsin Information System for Education Dashboard (WISEdash) – Public* <http://wise.dpi.wi.gov/wisedash> .
- Wisconsin Department of Public Instruction (2014_B). *2013 Youth Risk Behavior Survey Executive Summary*, digital image, <http://sspwi.dpi.wi.gov/files/sspwi/pdf/yrbs13execsum.pdf> .